

1. National Uniform Billing Committee [NUBC]

- UB04.
 - UB04 Manual available June 1, 2005
 - Print specifications will be made available on the NUBC website: www.nubc.org
 - UB04 can be used as of March 1, 2007 and REQUIRED as of May 23, 2007

The UB-04 is scheduled to replace the UB-92 beginning with bills created on March 1, 2007 in accordance with the following transition:

- March 1, 2007 – Health plans, clearinghouses, and other information support vendors should be ready to handle and accept the new UB-04 form and data set.
- March 1 to May 22, 2007 – Providers can use either the UB-04 or UB-92 forms/data set specifications.
- May 23, 2007 – The UB-92 is discontinued; only the UB-04 form and data set specifications should be used. All rebilling of claims must use the UB-04 from this date forward, even though earlier submissions may have been on the UB-92.

For information on obtaining full color proofs of the form for testing purposes, or a beta release of the corresponding data specifications manual, contact NUBC at www.nubc.org.

2. National Uniform Code Committee [NUCC]

The NUCC has drafted a 1500 Reference Instruction Manual detailing how to complete the form. The purpose of this manual is to help standardize nationally the manner in which the form is being completed. The instruction manual has been updated to Version 1.3 7/06 and is currently available at: www.nucc.org.

Transitioning to the Revised Form

The NUCC has made modifications to its recommended timeline for transitioning to the revised 1500 Claim Form. The timeline is now:

- **October 1, 2006:** Health plans, clearinghouses, and other information support vendors should be ready to handle and accept the revised (08/05) 1500 Claim Form.
- **October 1, 2006 – March 31, 2007:** Providers can use either the current (12/90) version or the revised (08/05) version of the 1500 Claim Form.
- **April 1, 2007:** The current (12/90) version of the 1500 Claim Form is discontinued; only the revised (08/05) form is to be used. All rebilling of claims should use the revised (08/05) form from this date forward, even though earlier submissions may have been on the current (12/90) 1500 Claim Form.

The NUCC strongly recommends that providers contact their health plans and/or clearinghouses/vendors prior to submitting a claim on the revised form to ensure that they are prepared to accept the revised form.

Documents related to the release of the revised version of the form, including a PDF of the form, Reference Instruction Manual, change log, transition timeline, and FAQs, are available at www.nucc.org.

For more information on the 1500 Claim Form, visit the NUCC website at www.nucc.org or contact Nancy Spector, NUCC Chair, at nancy.spector@ama-assn.org.

- ?? Has anyone done the analysis on the changes to the form and required changes to your systems and processes?

3. ADA – Dental Claim

Overview

The ADA Dental Claim Form provides a common format for reporting dental services to a patient's dental benefit plan. ADA policy promotes use and acceptance of the most current version of the ADA Dental Claim Form by dentists and payers.

The latest version of the dental claim form enables reporting of a National Provider Identifier (NPI), in addition to a current proprietary provider identifier, for both the Billing Dentist/Dental Entity and for the Treating Dentist. This version of the form becomes **valid for use on January 1, 2007**.

Three samples of the ADA Dental Claim Form are available for your review. Comprehensive form completion instructions are contained in the ADA publication titled "CDT-2007/2008."

<http://www.ada.org/prof/resources/topics/claimform.asp>

4. Atypical Provider Enumeration

Enumeron has the number space that starts with 9.
Medicaid Integrity Program.

See:

http://www.cms.hhs.gov/DeficitReductionAct/02_CMIP.asp

5. NPI – National Provider Identifier

▪ CMS NPI Timelines:

The Centers for Medicare and Medicaid Services announces the following plans for transitioning to the National Provider Identifier (NPI) in the Fee-for Service Medicare Program:

Between May 23, 2005 and January 2, 2006, CMS claims processing systems will accept an existing legacy Medicare number and reject, as unprocessable, any claim that includes only an NPI.

Beginning January 3, 2006, and through October 1, 2006, CMS systems will accept an existing legacy Medicare number **or** an NPI as long as it is accompanied by an existing legacy Medicare number.

Beginning October 2, 2006, and through May 22, 2007, CMS systems will accept an existing legacy Medicare number **and/or** an NPI. This will allow for 6-7 months of provider testing before only an NPI will be accepted by the Medicare Program on May 23, 2007.

Beginning May 23, 2007, our systems will **only** accept an NPI.

For additional information, to complete an NPI application, and to access educational tools, visit <https://nppes.cms.hhs.gov> on the web.

- CMS FAQ 5816 has been updated to clearly indicate that the DEA number cannot be used in an NCPDP transaction after May 23, 2007.
- Enumeration Statistics for Arizona:

AZ	24442	6690	31132
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- WEDI SNIP NPI Workgroup has updated the NPI White Paper:
The Impact of the NPI on the Pharmacy Services Sector Using the NCPDP Standards



20070109NPI NCPDP
Impact on Phcy Servi

- Hot topics:
 - Taxonomy Codes. Who will require, which one will be required by a payer
 - Provider Site/location codes
 - Referring Providers. Diagnostic Labs are leading the concern
 - Organizations as Billing Providers on 837 Transactions. Are you prepared for one NPI to bill using two different form types?
 - Continuation of the Dual Use Period.
 - Testing. How, when, end-to-end or other, how to staff?
 - Provider Reimbursement
 - Prescribing provider on the NCPDP transactions

6. OMB Timelines

December 11 Federal Register. Semi-Annual regulatory agenda, a summary of rulemaking actions under development or review by DHHS.

The following HIPAA-related items are on the schedule:

January

Data dissemination processes under the National Provider Identifier (NPI) and any applicable charges for data

March

Proposed rule to revise some of the HIPAA Transactions and Code Sets [TCS} Standards

June

Propose rule to streamline the adoption process for modifications to existing electronic TCS regulations.

7. NCVHS NPI Hearings

Tentative Agenda follows the Initial letter to DHHS on the state of the industry regarding the NPI.
Or

<http://www.ncvhs.hhs.gov/070124ag.htm>

Initial Letter recommendations:



NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

November 29, 2006

The Honorable Michael O. Leavitt
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Leavitt:

The National Committee on Vital and Health Statistics (NCVHS) is responsible for monitoring the implementation of standard transactions, code sets, and identifiers adopted pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Committee has been tracking the implementation of the National Provider Identifier (NPI), and wishes to convey to you our preliminary observations on the industry's progress toward meeting the compliance date, which is May 23, 2007 for most covered entities.

The Committee has heard testimony on several occasions regarding the readiness of providers, plans, clearinghouses, and the software vendors that support them, to use the NPI in HIPAA transactions. We have concluded that, while significant progress is being made toward compliance, some key activities may not be completed by the compliance date, which has the potential to disrupt or delay payments to providers.

Providers must obtain an NPI and use it on HIPAA transactions by the compliance date. To date, over 1.4 million NPIs have been issued, which the Centers for Medicare & Medicaid Services (CMS) estimates represents approximately 60 percent of the total provider universe. However, based on testimony, few of the providers who have obtained NPIs have communicated their NPIs to their health plans, few providers have communicated their NPIs to the facilities where they practice, and few are sending NPIs in HIPAA transactions.

Many health plans and clearinghouses report that they are now able to accept transactions with either legacy identifiers or NPIs. However, most are still developing crosswalk logic to enable them to associate a provider's NPI with the legacy identifier already assigned to them in the plans' processing systems. This is critical to assure accurate adjudication and payment, as well as to connect the provider with his or her historical data. The plans' ability to complete their crosswalks is dependent on their having the accurate and validated NPIs of their provider populations. Plans need a period of time to populate crosswalks with NPIs and to test the crosswalks prior to May 23, 2007 in order to accurately process claims and other HIPAA transactions after that date. Therefore, providers who wait until close to the compliance date to obtain and use NPIs, or whose software vendors wait until close to the compliance date to make

changes to support using NPIs, run the risk of having their transactions rejected and payment being delayed because their plans and clearinghouses will not recognize their NPIs.

Plans specifically identified a critical need for access to data from CMS' National Plan/Provider Enumeration System (NPPES) database to populate and validate their crosswalks. Prior to making NPPES data available, HHS must publish a data dissemination notice in the Federal Register. The notice will communicate what data elements will be made public and the mechanisms by which the data will be made accessible. The fact that the notice has not yet been published, and thus NPPES data is not available, is of vital concern with respect to plans' ability to complete their crosswalks by the compliance date. We recommend that HHS publish the data dissemination notice at the earliest possible date and make NPPES data widely available as soon as possible thereafter.

Industry implementation efforts over the next few months will significantly impact compliance status as of May 23, 2007. The NCVHS will hear additional testimony on this issue in January. We plan to obtain input from a variety of provider organizations and health plans, as well as clearinghouses and software vendors, and will provide more information to you at that time. In the meantime, we urge HHS to take the necessary actions to enable and encourage compliance and early testing by all covered entities.

Sincerely,

/s/

Simon Cohn, M.D., M.P.H.

Chairman, National Committee on Vital and Health Statistics

Cc: HHS Data Council Co-Chairs

3311 Toledo Road • Room 2341 • Hyattsville, MD 20782 • (301) 458-4100 • Web site: www.ncvhs.hhs.gov





Public meetings of the NCVHS are broadcast live on the Internet.

- To listen to an audio broadcast, you need Real Player software, which is available free from the [Real Networks \(Real.com\)](http://RealNetworks.com) website.
- [Links to live broadcasts](#) are available from the NCVHS website during the meeting.
- Recordings of previous broadcasts are available from the [VA Virtual Conference Archive](#).

TENTATIVE AGENDA

Hearing of the
National Committee on Vital and Health Statistics
Subcommittee on Standards and Security
January 24 - 25, 2007

National Center for Health Statistics

3311 Toledo Road

Hyattsville, MD 20782

Auditorium B & C

Directions: <http://www.cdc.gov/nchs/about/hyatdir.htm>

	Day One-Wednesday, November 24, 2007	
9:00 a.m.	Introductions and Opening Remarks	Jeff Blair and Harry Reynolds, <i>Chairs</i>
9:15 a.m.	<u>Panel I – NPI Provider</u> <ul style="list-style-type: none">• Gary Puckerin, Ph.D., Executive Director, <i>National Minority Quality Forum</i>• Karen Raines, Ass't VP, HCA, Inc., <i>Federation of American Hospitals</i>• Robert Tennant, Senior Policy	

	<p>Advisor, <i>Medical Group Management Association</i></p> <ul style="list-style-type: none"> • Frank Kyle, Jr., D.D.S., M.S., Manager, <i>Legislative & Regulatory Policy, American Dental Association</i> • Nancy Spector, Director, Electronic Medical Systems, <i>American Medical Association</i> 	
10:45a.m.	Break	
11:00 a.m.	<p><u>Panel II - Vendors/Clearinghouse</u></p> <ul style="list-style-type: none"> • Mitchell Icenhower, Senior Director, Business Management, General Manager, <i>Health Care Data Exchange (HDX)</i> • Catherine Schulten, Director, Industry Relations - Healthcare, <i>EDIfecs</i> • Stacy Trease, Team Lead, IT Project Management, <i>Gateway EDI</i> • Bing Herald, Medical Business Service, Inc., Immediate Past President, <i>Healthcare Billing & Management Association (HBMA)</i> 	
12:15 p.m.	Lunch	
1:15 p.m.	<p><u>Panel III - Pharmacy</u></p> <ul style="list-style-type: none"> • Michele Vilaret, Director, Telecommunications Standards, <i>National Association of Chain Drug Stores</i> • Kathryn F. Kuhn, R.Ph., Senior VP, Pharmacy Programs, <i>National Community Pharmacists Association</i> • Annette Gabel, Executive Director, Industry Standards Compliance, 	

	<p style="text-align: center;"><i>MEDCO</i></p> <ul style="list-style-type: none"> • John Lavin, Vice President, <i>Caremark</i> 	
2:45 p.m.	<p><u>Panel IV - Plan/Payor</u></p> <ul style="list-style-type: none"> • Marilyn R. Zigmund Luke, Executive Director, Private Market Regulation, <i>America's Health Insurance Plans</i> • Joel Slackman, Managing Director, Office of Policy and Representation, <i>Blue Cross Blue Shield Association</i> • Cathy Carter, Director, Business Applications Management Group, Office of Information Services, <i>CMS</i> 	
4:15 p.m.	<p>Proposal Presentation</p> <ul style="list-style-type: none"> • Patrice Kuppe, <i>WEDI</i> • Gail Kocher, <i>WEDI</i> 	
4:45 p.m.	Subcommittee Discussion	
5:15 p.m.	Wrap up and adjourn	
	Day Two – Thursday, January 25, 2007	
9:00 a.m.	Introductions and Opening Remarks	Jeff Blair and Harry Reynolds, <i>Chairs</i>
9:15 a.m.	<p>SDO Proposal Review</p> <ul style="list-style-type: none"> • Margaret Weiker, representing ASC X 12N • Chuck Meyer, representing HL7 • Lynne Gilbertson, representing 	

	NCPDP	
10:00 a.m.	<u>SDO Reactor Panel</u> <ul style="list-style-type: none">• Thomas J. Wilder, VP, Private Market Regulation, <i>America's Health Insurance Plans</i>• George Arges, Senior Director, Health Data Management Group, <i>American Hospital Association</i>• Mari Rose Johnson, M.P.A., Assistant Director, Federal Affairs, <i>American Medical Association</i>• Kathryn Kuhn, R.Ph., Senior VP, Pharmacy Programs, <i>National Community Pharmacists Association</i>	
11:00 a.m.	Break	
11:15 a.m.	Subcommittee Discussion	
11:45 p.m.	Discussion of outstanding business; NCVHS Annual Report and Future agenda	
12:30 p.m.	Recap and adjourn	

Times, topics, and speakers are subject to change. For final agenda, please call NCHS at 301-458-4200 or visit the NCVHS Home Page at <http://www.ncvhs.hhs.gov/>

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458-4EEO (4336) as soon as possible.

January 19, 2007